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X	рнотосору
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汝	FILING LLC Amend
1.	U-ZONE LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	L INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 DEC 11 AM 9: 42 IALLAHASSEE, FLORIDA

N-ZONE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Diffited Elaolity Company)	LURIDA
The Articles of Organization for this Limited	Liability Company were filed on 10/27/2014	and assigned
Florida document number L14000167126	<u> </u>	
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end with the	ne words "Limited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		· <u></u> -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
R If amanding the registered agent an	d/or registered office address on our record	is ontor the name of the new
registered agent and/or the new registered		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
rem registered office readings.	Enter Florida street addre	SS
	, F I	lorida
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the pro accept the obligations of my position as reg	red agent and agree to act in this capacity. I fi per and complete performance of my duties, a gistered agent as provided for in Chapter 605, gregistered office address, I hereby confirm th gregistered office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is
. , , , , , , , , , , , , , , , , , , ,	G	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action ANDERSON, IAN, SR AMBR 521 AVE K NE □ Add WINTER HAVEN, FL 33881 ■ Remove **521 AVE K NE AMBR** ANDERSON, IAN, JR □ Add WINTER HAVEN, FL 33881 □ Add ☐ Remove ☐ Remove ☐ Remove

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	······································
(The effective da	ate, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)
Dated D	ec 7 200H
	Marile Anderson
	Signature of a member or authorized representative of a member
N	Nichole Anderson, AMBR
-	Typed or printed name of signee

Page 3 of 3

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SHERETARKEE, FLORIDA